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PTO/SB/01 (12-07)

Approved for use through 9/30/00, OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	BRM0002
First Named Inventor	Glick, Donald L.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MINISTRY SPECIALIZED INSURANCE TRANSACTION OBJECT
ORIENTED SYSTEM AND METHOD.**

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 358(b) of any foreign application(s) for patent or inventor's certificate, or 358(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(c) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number _____ → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

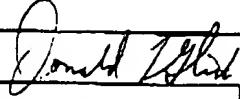
Name	Registration Number	Name	Registration Number
Kevin R. Erdman	33,687	Deborah R. Beck	37,370
Michael D. Beck	32,722	Rozell Williams, Jr.	44,403
Jeffrey A. Michael	37,394	Eric J. Groen	32,230

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label _____ OR Correspondence address below

Name	Kevin R. Erdman, Baker & Daniels			
Address	Suite 2700			
Address	300 N. Meridian Street			
City	Indianapolis,	State	IN	ZIP
Country	Telephone	317-569-4621	Fax	-317-569-4800

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname		
Donald L.		Glick		
Inventor's Signature				Date 10/3/00
Residence: City	Ft. Wayne	State	IN	Country
Post Office Address	3434 Kirkland Avenue			
Post Office Address				
City	Ft. Wayne	State	IN	ZIP 46805
Country				

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

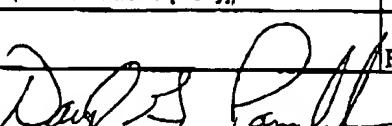
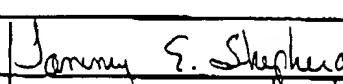
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PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Daryl G. 		Pannabecker			
Inventor's Signature				10/30/00	Date
Residence: City	Leo,	State	IN	Country	Citizenship
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Post Office Address					
City	Leo,	State	IN	ZIP	46765
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Tammy E. 		Shepherd			
Inventor's Signature				10/30/00	Date
Residence: City	Ft. Wayne,	State	IN	Country	Citizenship
Post Office Address	6534 Midfield Drive				
Post Office Address					
City	Ft. Wayne,	State	IN	ZIP	46815
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Michael J. 		Allison			
Inventor's Signature				Data	10-30-00
Residence: City	Ft. Wayne,	State	IN	Country	Citizenship
Post Office Address	2517 East Drive				
Post Office Address					
City	Ft. Wayne,	State	IN	ZIP	46805

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DECLARATION **ADDITIONAL INVENTOR(S)**
Supplemental Sheet
 Page 2 of 2
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

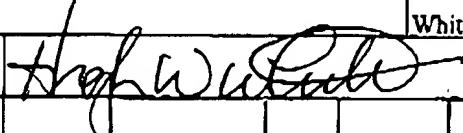
Given Name (first and middle [if any])

Family Name or Surname

Hugh W.

White

Inventor's Signature

10/30/00
Date

Residence: City

North Manchester,

State

IN

Country

Citizenship

US

Post Office Address

310 North Mill Street

Post Office Address

City

North Manchester,

State

IN

ZIP

46962

Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

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**DECLARATION****REGISTERED PRACTITIONER
INFORMATION
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
John F. Hoffman	26,280		
Anthony Niewyk	24,871		
Edward J. Prein	40,181		
Michael D. Smith	44,326		
Michael D. Schwartz	18,778		

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